



DEPARTMENT OF THE NAVY

NAVAL HOSPITAL

BOX 788250

MARINE CORPS AIR GROUND COMBAT CENTER
TWENTYNINE PALMS, CALIFORNIA 92278-8250

IN REPLY REFER TO:

NAVHOSP29PALMSINST 6000.2A

Code 0307

5 Oct 99

NAVAL HOSPITAL TWENTYNINE PALMS INSTRUCTION 6000.2A

From: Commanding Officer

Subj: ADULT PREVENTIVE AND CHRONIC CARE FLOWSHEET FOR
IMPLEMENTATION OF PUT PREVENTION INTO PRACTICE (PPIP)

Ref: (a) Ch, BUMED ltr 6000 Ser 24/98U24006 of 7 Jul 98
(b) Navy Environmental Health Center Technical Manual
6100.98-3

Encl: (1) Adult Preventive and Chronic Care Flowsheet (DD Form
2766)

1. Purpose. To implement current Bureau of Medicine and
Surgery policy per references (a) and (b).

2. Cancellation. NAVHOSP29PALMSINST 6000.2.

3. Background. Reference (a) is the policy memorandum to
implement "Put Prevention into Practice" (PPIP) in the Military
Healthcare System. PPIP is a national campaign developed by the
Office for Disease Prevention and Health Promotion, Department
of Health and Human Services, to improve the delivery of
clinical preventive services which includes immunizations,
screenings and health counseling. Enclosure (1) will be used as
the preventive care flow sheet in all outpatient medical records
for adults.

4. Action

a. Reference (a) announced that enclosure (1) would be
mandatory in all Navy medical records by Apr 99.

b. Enclosure (1) will be placed on the top left side of the
first cover in the outpatient medical record. It will replace
the Problem Summary List (NAVMED 6150/20), the Summary of Care
(NAVMED 6150/20), and any local flowsheets used to track
clinical preventive services. Existing forms are to remain in
the medical record until completely consolidated onto enclosure
(1).

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c. Per reference (b), immunizations documented on the Immunization Record for Adults (SF 601) do not have to be duplicated on the Adult Preventive and Chronic Care Flowsheet (DD Form 2766).

d. Enclosure (1) will be placed in the outpatient medical record by the medical record clerk during assembly of the record. Existing records will be updated with enclosure (1) in a systematic manner by the outpatient records division.

e. Information from the current Problem Summary List (NAVMED 6150/20) or Summary of Care form (NAVMED 6150/20) may be transcribed onto enclosure (1) by Hospital Corpsmen, nurses, providers or other appropriate clinical staff. Information is transcribed with black ink. After transcribing data, a line will be drawn through the information and the word "transcribed" will be written along the line with the date, full name, rank and rate of the transcribing individual.

f. When all forms have been completely consolidated onto enclosure (1) the patient's Primary Care Manager (PCM) will review the Adult Preventive and Chronic Care Flowsheet (DD Form 2766) for completeness and accuracy. Upon determination of completeness and accuracy the PCM will remove the Problem Summary List, Summary of Care, and any local flowsheets used to track clinical preventive services.

g. Enclosure (1) will be updated by appropriate clinical staff on an ongoing basis at clinical encounters or as further information on the patient becomes available.

h. Sections 8. OCCUPATIONAL HISTORY/RISK, 10. READINESS and 11. PRE/POST DEPLOYMENT HISTORY of enclosure (1) are completed for active duty members only.

i. The Plans, Operations and Medical Intelligence (POMI) personnel or Military/Staff Sickcall personnel will complete Sections 8. OCCUPATIONAL HISTORY/RISK, 10. READINESS and 11. PRE/POST DEPLOYMENT HISTORY of enclosure (1). Personnel may transcribe information from the mobilization/tracking data sheet (obtained from the POMI or Manpower Department) onto section 10. READINESS, of enclosure (1).

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5. Applicability. This instruction is applicable for all personnel aboard Naval Hospital Twentynine Palms and Branch Medical Clinic China Lake.

6. Form. Adult Preventive and Chronic Care Flowsheet (DD Form 2766) is maintained and may be obtained from the Central Files Division.

J. M. Huber

J. M. HUBER

Distribution:
List A

ADULT PREVENTIVE AND CHRONIC CARE FLOWSHEET

(This form is subject to the Privacy Act of 1974 – Use DD Form 2005)

1. ALLERGIES

a. MEDICATION ALLERGIES

b. OTHER ALLERGIES

2. CHRONIC ILLNESSES

3. MEDICATIONS

4. HOSPITALIZATIONS/SURGERIES

5. COUNSELING

F	FITNESS	a. DATE					
D	DENTAL	b. AGE					
I	INJURY PREVENTION	c. TOPIC					
N	NUTRITION/FOLATE						
C	CANCER PREVENTION						
S	SAFE SEX	d. DATE					
FP	FAMILY PLANNING	e. AGE					
Rx	PRESENT MEDICATIONS	f. TOPIC					
MH	MENTAL HEALTH/STRESS/SUICIDE/OCCUPATIONAL STRESS						
H	HORMONE/CALCIUM REPLACEMENT	g. DATE					
To	TOBACCO	h. AGE					
A	ALCOHOL/SUBSTANCE ABUSE	i. TOPIC					
T	TRAVEL						
O	OCCUPATIONAL EXPOSURE (HEARING THRESHOLD CHANGES/CUMULATIVE TRAUMA DISORDER)	j. DATE					
		k. AGE					
		l. TOPIC					

ADVANCED DIRECTIVES: DATE FILED

PATIENT'S IDENTIFICATION (Use this space for mechanical imprint)

RECORDS MAINTAINED AT:

PATIENT'S NAME		SEX	
LAST	FIRST	M.I.	
RELATIONSHIP TO SPONSOR		STATUS	RANK/GRADE
SPONSOR'S NAME (Last, First, Middle Initial)			DEPT/SERVICE
ORGANIZATION	SSN/ID NUMBER	DATE OF BIRTH	

ADULT PREVENTIVE AND CHRONIC CARE FLOWSHEET							
6. FAMILY HISTORY (<i>M = Mother, F = Father, S = Siblings, MGM = Maternal Grandmother, MGF = Maternal Grandfather, PGM = Paternal Grandmother, PGF = Paternal Grandfather</i>)							
a. CANCER (<i>Specify</i>)							
b. CARDIOVASCULAR DISEASE (<i>Specify</i>)							
c. DIABETES (<i>Specify</i>)							
d. MENTAL ILLNESS/CHEMICAL DEPEDNENCY (<i>Specify</i>)							
7. SCREENING EXAMS (* = Actual Results, ** = Tricare Benefits, N = Normal, X = Abnormal, E = Done Elsewhere, R = Refused, NA = Not Indicated) (● = Next Due)							
a. TEST	b. FREQUENCY	c. YEAR					
		d. AGE					
(1) CLINICAL DISEASE PREV EVAL/PHA (HEAR)	ANNUAL	e. DATES					
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(2) WEIGHT	ANNUAL FOR ACTIVE DUTY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(3) HEIGHT	ANNUAL FOR ACTIVE DUTY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(4) BLOOD PRESSURE	ONCE q 2 YRS FOR BP < 130/85, ANNUAL IF GREATER	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(5) CHOLESTEROL**	Q 5 YRS FOR AGE ≥ 18 q YR IF PREV ABN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(6) HEARING	CLINICIAN'S DISCRETION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(7) SKIN EXAM (<i>Cancer</i>)	ANNUAL IF AT RISK	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(8) ORAL/DENTAL**	ANNUAL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(9) EYE/VISION**	ROUTINE ACUITY WITH PERIODIC ASSESSMENT DIABETES ANNUALLY GLAUCOMA CHECK: Blacks q 3-5 yrs age 20-39 All q 2-4 yrs age 40-64	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(10) BREAST EXAM	ANNUAL: ≥ 40 YRS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(11) MAMMOGRAM**	BASELINE @40, q 2 YRS 40-50 ANNUALLY >50	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(12) PAP ** (<i>Digital Rectal Exam</i>)	BASELINE: AGE 18 OR ONSET OF SEXUAL ACTIVITY AFTER 3 NL ANNUAL EXAM, PERFORM q 1-3 YEARS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(13) FECAL OCCULT BLOOD	ANNUAL: ≥ 50 YRS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(14) SIGMOID	EVERY 3-5 YRS: ≥ 50 YRS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(15) COLONOSCOPY**	HIGH RISK q 5 YRS: ≥ 50 YRS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(16) TESTICULAR**	HIGH RISK ANNUAL 13-39 YRS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(17) PROSTATE** ** (<i>Digital Rectal Exam</i>)	WITH P.E. ≥ 40 YRS (<i>Presently Recommended annually</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(18) RUBELLA SCREEN (<i>Females</i>)	ONCE BETWEEN AGES 12-18 YRS (<i>Unless prev vaccinated</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(19) OCCUPATIONAL SCREENING EXAMS	APPROPRIATE TO EXPOSURES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(20)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(21)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(22)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ADULT PREVENTIVE AND CHRONIC FLOWSHEET																											
8. OCCUPATIONAL HISTORY/RISK																											
a. PRP			YES		NO																						
b. FLYING STATUS			YES		NO																						
9. IMMUNIZATIONS <i>(Enter numeric class in sub block)</i>																											
(1) IMMUNIZATION		(2) <i>(DDMMYYYY)</i>		(1) IMMUNIZATION		(2) <i>(DDMMYYYY)</i>		(1) IMMUNIZATION		(2) <i>(DDMMYYYY)</i>		(1) IMMUNIZATION		(2) <i>(DDMMYYYY)</i>													
a. HEP A # 1				f. MMR # 1				j. TD <i>(q 10 yrs) (Last)</i>																			
b. HEP A # 2				g. MMR # 2				k. TD <i>(Due)</i>																			
c. HEP B # 1				h. PNEUMOCOCCUS				l. YELLOW FEVER <i>(Last)</i>																			
d. HEP B # 2				i. POLIO OPV = 0 IPV = 1				m. YELLOW FEVER <i>(Due)</i>																			
e. HEP B # 3																											
n. TYPHOID <i>(Enter numeric class in sub block)</i> ORAL = 0 TYPHUM Vi = 1, TYPHOID USP = 2				(1) DATE				(2) DATE				(3) DATE				(4) DATE				(5) DATE				(6) DATE			
o. ANTHRAX		(1) INITIAL DATE		(2) 2 WEEK DATE		(3) 4 WEEK DATE		(4) 6 MONTH DATE		(5) 12 MONTH DATE		(6) 18 MONTH DATE															
p. PPD <i>(Enter mm and date)</i>		(1) (a) mm		(2)(a) mm		(3) (a) mm		(4) (a) mm		(5) (a) mm		(6) (a) mm		(7) (a) mm													
		(b) DATE		(b) DATE		(b) DATE		(b) DATE		(b) DATE		(b) DATE		(b) DATE		(b) DATE											
q. INFLUENZA		(1) DATE		(2) DATE		(3) DATE		(4) DATE		(5) DATE		(6) DATE		(7) DATE													
r. VARICELLA		(1) DATE		(2) DATE		u. JAPANESE B ENCEPHALITIS		(1) DATE		(2) DATE		(3) DATE		(4) DATE													
s. MENINGO		(1) DATE		(2) DATE		v. OTHER <i>(Specify)</i>		(1) DATE		(2) DATE		(3) DATE		(4) DATE													
t. ADENO		(1) DATE		(2) DATE		w. OTHER <i>(Specify)</i>		(1) DATE		(2) DATE		(3) DATE		(4) DATE													
10. READINESS														* (Glucose-6-phosphate dehydrogenase)													
a. DNA		DATE:		b. BLOOD TYPE		DATE:		RESULT:		C. G6PD*		DATE:		RESULT:		D. SICKLE CELL		DATE:		RESULT:							
e. PERMANENT PROFILE CHANGE				(1) DATE		(2) P:		(3) U:		(4) L:		(5) H:		(6) E:		(7) S:											
f. GLASSES/GAS MASK Rx:				(1) DATE		(2) DATE		(3) DATE		(4) DATE		(5) DATE		(6) DATE													
g. DENTAL EXAM <i>(Enter numeric class in sub block)</i>				(1) DATE		(2) DATE		(3) DATE		(4) DATE		(5) DATE		(6) DATE													
h. HIV TESTING				(1) DATE		(2) DATE		(3) DATE		(4) DATE		(5) DATE		(6) DATE													
i. FITNESS <i>(In sub block enter p = Pass, F = Fail, W = Waiver)</i>				(1) DATE		(2) DATE		(3) DATE		(4) DATE		(5) DATE		(6) DATE													
				(1) DATE		(2) DATE		(3) DATE		(4) DATE		(5) DATE		(6) DATE													
				(1) DATE		(2) DATE		(3) DATE		(4) DATE		(5) DATE		(6) DATE													
11. PRE/POST DEPLOYMENT HISTORY																											
a. LOCATION																											
(1) PREDEPLOYMENT		(a) DATE		(b) DATE		(c) DATE		(d) DATE		(e) DATE		(f) DATE															
(2) POSTDEPLOYMENT		(a) DATE		(b) DATE		(c) DATE		(d) DATE		(e) DATE		(f) DATE															
b. LOCATION																											
(1) PREDEPLOYMENT		(a) DATE		(b) DATE		(c) DATE		(d) DATE		(e) DATE		(f) DATE															
(2) POSTDEPLOYMENT		(a) DATE		(b) DATE		(c) DATE		(d) DATE		(e) DATE		(f) DATE															
c. CHART AUDIT														<div style="display: flex; justify-content: space-around;"> ○ ○ ○ ○ ○ ○ </div>													

ADULT PREVENTIVE AND CHRONIC CARE FLOWSHEET

(Continuation Sheet)

[illegible]

REMARKS

PATIENT'S IDENTIFICATION <i>(Use this space for mechanical imprint)</i>	RECORDS MAINTAINED AT:			
	PATIENT'S NAME			SEX
	LAST	FIRST	M.I.	
	RELATIONSHIP TO SPONSOT		STAUS	RANK/GRADE
	SPONSOR'S NAME <i>(Last, First, Middle Initial)</i>			DEPT/SERVICE
	ORGANIZATION	SSN/ID NUMBER		DATE OF BIRTH